

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000115688

**Entity Name:** CARRON INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

8331 GUNN HIGHWAY  
TAMPA, FL 33626

**Current Mailing Address:**

8331 GUNN HIGHWAY  
TAMPA, FL 33626

**FEI Number:** 20-1057616

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CARRON, LOUIS JJR  
8331 GUNN HWY  
TAMPA, FL 33626 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	CARRON, LOUIS JJR	Name	SHENANDOAH, MARCUS L
Address	8331 GUNN HIGHWAY	Address	8331 GUNN HIGHWAY
City-State-Zip:	TAMPA FL 33626	City-State-Zip:	TAMPA FL 33626

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LOUIS J CARRON JR

**PRESIDENT**

**03/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date